

ADAPCP OUTPATIENT ADMINISTRATIVE SUMMARY

For use of this form, see AR 40-66; the proponent agency is OTSG

EVENT	DATE	EVENT	DATE
Referral		1st CPR	
Reason: Alcohol Drugs		2nd CPR	
Type: CDR Self A/I Bio MED		3rd CPR	
Screening		4th CPR	
Enrollment: Education/Outpatient/Inpatient/ None		Change of Track	
Administrative Review		Synopsis Letter	
Quality Assurance Review		Discharge Summary	
Consent Form Signed		Disenrollment	

BIOCHEMICAL TESTING

Recommended Urinalysis Testing _____ x month. ADC notified on _____

DATE	CODE	PRE- SCREEN	LAB RESULTS	DATE	CODE	PRE- SCREEN	LAB RESULTS

PATIENT IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility):*

SUMMARY OF OUTPATIENT REHABILITATION EFFORTS	
1. Name of patient	2. Date of admission
3. Age	4. Sex
5. Address	6. Telephone
7. Referring physician	8. Referral date
9. Referral diagnosis	10. Referral source
11. Referral date	12. Referral source
13. Referral date	14. Referral source
15. Referral date	16. Referral source
17. Referral date	18. Referral source
19. Referral date	20. Referral source
21. Referral date	22. Referral source
23. Referral date	24. Referral source
25. Referral date	26. Referral source
27. Referral date	28. Referral source
29. Referral date	30. Referral source
31. Referral date	32. Referral source
33. Referral date	34. Referral source
35. Referral date	36. Referral source
37. Referral date	38. Referral source
39. Referral date	40. Referral source
41. Referral date	42. Referral source
43. Referral date	44. Referral source
45. Referral date	46. Referral source
47. Referral date	48. Referral source
49. Referral date	50. Referral source
51. Referral date	52. Referral source
53. Referral date	54. Referral source
55. Referral date	56. Referral source
57. Referral date	58. Referral source
59. Referral date	60. Referral source
61. Referral date	62. Referral source
63. Referral date	64. Referral source
65. Referral date	66. Referral source
67. Referral date	68. Referral source
69. Referral date	70. Referral source
71. Referral date	72. Referral source
73. Referral date	74. Referral source
75. Referral date	76. Referral source
77. Referral date	78. Referral source
79. Referral date	80. Referral source
81. Referral date	82. Referral source
83. Referral date	84. Referral source
85. Referral date	86. Referral source
87. Referral date	88. Referral source
89. Referral date	90. Referral source
91. Referral date	92. Referral source
93. Referral date	94. Referral source
95. Referral date	96. Referral source
97. Referral date	98. Referral source
99. Referral date	100. Referral source

[illegible]

Type Code

S = Screening
D = CMD Consult
A = Clinical Audit

I = Individual
R = RTM
C = Collateral

G = Group
T = Testing

F = Family
M = MFR

[illegible]

EVENT	DATE	EVENT	DATE
Drug & Alcohol Education		Inpatient	
Medical Evaluation		Antabuse	
Detox		Case Staffing	

Reverse of DA Form 8002, NOV 91